

HEADACHES RESULTING FROM TENSION RAPIDLY RELIEVED WITH SEDATIVE

Sodium amytal, a sedative, will relieve such symptoms as headache resulting from tension or anxiety within one to five minutes when injected into the veins, according to three New York doctors writing in the current issue of the *Archives of Neurology and Psychiatry*, published by the American Medical Association.

The authors—Capt. Samuel Susselman and Capt. Fred Feldman, Medical Corps, Army of the United States, and S. Eugene Barrera, M.D., Albany, N. Y.—state that when symptoms are persistent and no organic cause can be discovered, the patient should receive an injection of sodium amytal. They claim that this sedative is of diagnostic value because it is a quick method of separating symptoms of organic disease from tension symptoms.

In more than 80 patients, treated over a period of nine months, the hospitalization period was shortened for many because of the use of this sedative.

"The patient in whom the test is clearly successful will have no residuum of distress but will express, often spontaneously, great relief and complete freedom from pain and a feeling of well-being," according to the physicians. They state that "this rapid lifting of discomfort is especially impressive to both patient and physician in cases of long-standing headache, which have remained unrelieved for months, or even years."

The authors point out that not only will this sedative relieve symptoms due solely to tension but it also will bring relief to patients with organic disease whose symptoms have been intensified by tension and anxiety.

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NO. 2

Treatment of Bacterial Meningitis with Penicillin, Sulfonamides, and Sera*

HENRY BRAINERD, M.D., AND ELIZABETH BRADLEY, M.D., *San Francisco*

BACTERIAL meningitis before the era of specific therapy was a highly lethal disease regardless of etiology. The mortality due to meningococcic meningitis was variously reported as from 20 to 90 per cent,⁶ more generally nearer the latter figure. Pneumococcic, streptococcic and staphylococcic meningitis were almost uniformly fatal.⁶ Only rare patients recovered from influenzal meningitis.¹

Serum and antitoxin therapy probably reduced the mortality of meningococcic disease,⁶ although this fact is difficult to demonstrate statistically.

The advent of sulfonamide drugs significantly altered the picture, particularly as regards meningococcic meningitis,^{4,5,7,10} but to a lesser extent in the pneumococcic, streptococcic, staphylococcic,⁶ and *H. influenzae*¹ infections of the meninges. More recently, penicillin has been introduced as a therapeutic agent for the treatment of meningitis.

The exact role played by the various sulfonamides, penicillin, and sera in treatment has not yet been defined. Hence the physician is in the fortunate position of having at his command several potent weapons, but he is in the dilemma of having to choose from amongst them the ideal treatment for each individual patient.

The purpose of this paper is to compare the relative efficacy of the several modes of treatment of various kinds of meningitis, and, after studying the effect of certain prognostic factors on the mortality

of meningococcic and pneumococcic meningitis, to formulate a plan of therapy for each type of meningeal infection. In addition, several examples of unusual types of meningitis are reported.

A discussion of the diagnosis of meningitis is not warranted here. However, an early etiologic diagnosis is of paramount importance, and every effort must be made to isolate the invading organism, so that treatment may be directed to best advantage.

TREATMENT

Two hundred and sixty-five cases of bacterial meningitis were admitted to the Isolation Division of the San Francisco Hospital during the period January, 1943, to February, 1946 (Table 1). Of

TABLE 1.—Incidence and Mortality of Bacterial Meningitis.

Etiology	Number	Gross Mortality Per Cent	*Corrected Mortality Per Cent
<i>N. meningococcus</i>	182	20.3	11.5
<i>D. pneumoniae</i>	40	67.5	60.6
<i>M. tuberculosis</i>	14	100.0	...
<i>H. influenzae</i>	7	14.1	...
<i>Staphylococcus aureus</i>	4	0.0	...
<i>Staphylococcus albus</i>	4	50.0	33.3
<i>Streptococcus hemolyticus</i> ..	3	33.3	...
<i>Streptococcus viridans</i>	2	100.0	...
<i>Aerobacter aerogenes</i>	2	50.0	0.0
<i>E. coli</i>	3	0.0	...
<i>N. flava</i>	1	0.0	...
<i>N. catarrhalis</i>	1	100.0	...
<i>Listerella monocytogenes</i> ..	1	100.0	...
<i>T. pallidum</i>	1	100.0	...
Total	265

* Mortality corrected for patients surviving less than 24 hours.

* Part of a Symposium on Clinical Use of Antibiotics read before the Section on General Medicine at the Seventy-fifth Annual Session of the California Medical Association, Los Angeles, May 7-10, 1946.

From the Divisions of Medicine and Pediatrics, University of California Medical School; The Department of Pediatrics, Stanford University School of Medicine; and the Department of Public Health, City and County of San Francisco.

The work described in this paper was done in part under a contract recommended by the Committee on Medical Research, between the Office of Scientific Research and Development and the University of California.

these, 14 were tuberculous and received no specific treatment. All other patients received sulfonamide drugs, penicillin, sera, or combinations of these

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EDITORIALS

The Use of Vitamin Supplements

A great deal has been written in recent years regarding the failure of the diet of the average American to meet satisfactory nutritional requirements, in terms of the modern knowledge of nutrition. The war-time National Nutrition Program was based on the belief that many of us were subsisting on a diet inadequate for optimal nutrition and buoyant health. Without entering into a prolonged discussion of this problem, it seems worth while to point out the possible role of vitamin supplements in meeting this apparent deficiency. At present wheat flour, oleomargarine and certain cereals are being enriched with vitamins and minerals.

What of the widespread use of commercial vitamin preparations as supplements to the diet of Americans? Apparently this is a very widespread practice. Is it sound? There are two schools of thought on this matter. One group is of the opinion that many persons are benefited by so supplementing the diet, with the idea that if there is any possible chance that vitamins may produce better health, sounder teeth and bones, improve vision at night, increase appetites, decrease the incidence of infections, especially of the common cold, and decrease fatigue and increase energy, then the cost of the preparations and the nuisance of taking them would be worth while. If this conclusion were correct, of course all of us would agree with it. Most sound nutritionists and physicians hold the opinion opposite to the one just expressed and disapprove of the indiscriminate use of commercial vitamin supplements as unsound nutritionally and economically. Indeed, the opinion of this group as

exemplified by the Council on Foods and Nutrition and by the Council on Industrial Health of the American Medical Association is that the giving of vitamin pills to presumably healthy adults working under normal conditions is irrational from the therapeutic point of view, unwise nutritionally, and uneconomical. The real solution to the problem is one of an adequate diet for every one, for vitamins are included and in such a diet they are in better balance, more palatable, and more economical.

Of what value then are vitamin mixtures? A committee of the American Medical Association after studying this problem came to the sensible conclusions that vitamin mixtures when properly formulated are convenient, economical and provide the physician rational means of treating or preventing multiple vitamin deficiency. It is wise in the formulation of acceptable mixtures that the vitamins in a product should be present in some simple relationship to the normal daily requirement of them. In so far as possible, natural products, such as cod liver oil and dried brewers' yeast, should be used in these mixtures to which may safely be added synthetic preparations such as thiamine, riboflavin, niacin, and ascorbic acid. These mixtures, so far as possible, should be used as supplements to a normal diet.

In the final analysis, benefit will be greatest when natural foods are least interfered with and when, in the preparation of his food, man makes few changes which need to be corrected subsequently by supplementing the diet with vitamin preparations.

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NOTICES AND REPORTS

NEWS of the DAY in the C.M.A.

January 5—Executive Committee and Committee on Public Policy and Legislation (Murray, Remmen, Kindall) meet to discuss legislative program. Session lasts to 5:30, by which time all are agreed that it is fortunate that legislative sessions come only once in two years. C.M.A. bills well mulled over.

January 11—Committee on Scientific Work in all-day meet with secretaries of scientific sections, arranging 1947 Annual Session program. Much progress made and an excellent program shaping up. Plan to print complete program in March issue CALIFORNIA MEDICINE and to have session programs available before meeting starts.

January 12—Council meets. This is the day when the small printed agenda stretches out to point where it is unanimously decided to make next Council meeting a two-day affair. Time conserved at lunch hour by serving buffet lunch. (There is still a discussion on whether you eat more at a table than when you serve yourself.) By end of day Council has digested seven verticle inches of file folders and still has unfinished business to turn over to Executive Committee. The next meeting will again be at the Fairmont on Saturday, March 15, through 16th.

January 16—An inquiry today as to the ability of a California clinic to diagnose and treat Parkinson's syndrome by mail. Inquiry and reply add to a fat file on a colleague (not Dr. Brinkley) who believes this can be done.

January 17—Meeting of C.M.A. Cancer Commission in San Francisco at 6:30 p.m. Items were discussed along the lines of a statewide project to help needy patients secure hospitalization when in hospitals for curative procedures; discussion of uniform records for Cancer Detection Centers and Tumor Boards; question of establishing central Tumor Registry either under C.M.A. control or Department of Public Health control; completion of details for publication of new edition of Cancer Commission Studies, the up-to-date informative booklet for doctors on what's new in cancer diagnosis and treatment.

January 20—California Committee for Voluntary Health Insurance opens drive in Sacramento County with meeting of civic and state leaders in Senator Hotel. Audience of 400 applauds John Cline in hard-hitting speech pointing out lack of need of regimentation to make medical service span the gap between doctor and patient.

January 22—Executive Committee eats at 6:30, meets at 7:30, goes home at 1:30 a.m. Problems of legislation and general business thrashed out until next meeting two weeks off.

January 23-24—Details of 1947 Annual Session worked out. House of Delegates will meet April 30 and May 2,

general sessions on April 30 and May 2, specialty sections meeting May 1 to 3. Lively program promised. (For room reservations, write Convention Department, Los Angeles Chamber of Commerce, 1151 South Broadway, Los Angeles. Delegates write to C.M.A. office.)

January 28—Governor Warren takes the lid off his Pandora's Box and gives us just a peek at his 1947 model health insurance program. The initial look makes the whole affair look like Pandora, all right—there seems to be plenty of bugs.

January 30—Arrangements made for lunch on February 12—Lincoln Day—in honor of Doctor Walter Judd of Minnesota, one of the seven physician members of Congress. In California on a trip sponsored by the GOP, Doctor Judd will meet with medical leaders to discuss, among other things, medical legislation and health insurance.

January 31—Planning today for a joint legislative meeting with the dentists, pharmacists, dispensing opticians and allied groups. Started five years ago, these joint meetings bring out the strong and weak points in the several legislative programs, offer encouragement for beneficial bills and indicated treatment for others.

CPS—more members, income, problems, experience

Having surpassed all anticipated enrollment figures during 1946, California Physicians' Service has entered the new year well on the way to perfecting a prepay medical service program that will be a credit to the medical profession of California.

A glance at the record of achievement in 1946 shows:

In January, 1946, total beneficiary membership of California Physicians' Service was 176,880 people. As of January, 1947, slightly more than 420,000 Californians are participating in the C.P.S. commercial program. Nearly 250,000 new members were enrolled during the year, a rate of over 20,000 persons each month.

This enrollment is noteworthy because throughout the year employment turnover was at an all time high and the uncertainty of postwar conversion with its economic instability made the work of sales and reservice difficult. While business in general was undergoing its reconversion from war to peace, the California Physicians' Service membership rosters were constantly in flux. However, the C.P.S. sales and operational staffs proved that private organization methods can accomplish the tasks thus imposed.

When membership figures jumped in such a short period,

RADIOACTIVE IODINE ARRESTED CANCER IN HYPERTHYROID MAN

Radioactive iodine was effective in the treatment of a man with a malignant thyroid gland tumor, according to three New York investigators writing in the December 7 issue of *The Journal of the American Medical Association*.

The authors are S. M. Seidlin, M.D., L. D. Marinelli, M.A., and Eleanor Oshry, B.S., from the Medical Division and Department of Medical Physics of the Montefiore Hospital and the Physics Department of the Memorial Hospital.

The investigators state that the patient, who in 1923 had his thyroid removed, "was in apparent good health for 15 years." In 1939 he suddenly showed all the symptoms of an overactive thyroid, such as nervousness, loss of weight and a rapid beating of the heart. In addition, severe pains developed in the lower back and radiated down the legs. Examination revealed a malignant tumor which had spread from remaining thyroid tissue.

Subsequently, other cancerous tumors were found in the lungs, thigh bone, second rib on the left side, small intestine and skull. In 1943 treatment with radioactive iodine was begun after x-ray and drugs proved ineffective. It was administered by mouth in the form of sodium iodide in water. "Definite and lasting clinical improvement followed," state the authors.

In 1944 and in 1945 additional treatment with radioactive iodine was given with a "resultant disappearance of pain, increase in weight and progressive change in all clinical criteria in the direction of hypothyroidism [decrease in thyroid activity]. Roentgenographic [x-ray] evidence pointed to an arrest if not a regression of the disease," states *The Journal* article.

In conclusion the investigators say that "radioactive iodine seems to be an effective therapeutic agent in the control of this type of tumor."

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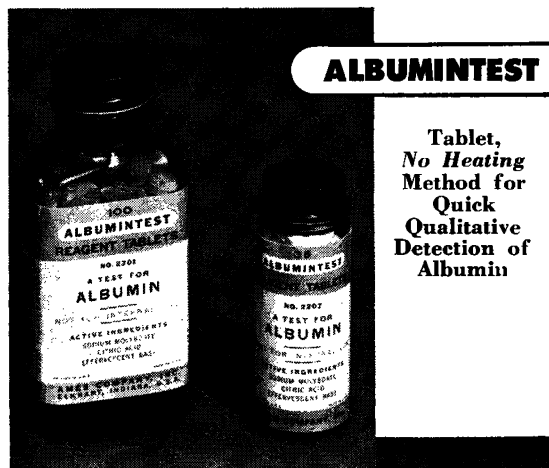
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BOARD PROCEEDINGS

The Board held oral examinations at the Board Office in San Francisco, January 11 and 12, 1947, with about one hundred applicants appearing.

The total number of original applications filed for all types of certificates issued by the Board totaled 2,504 for the year 1946. The total number of original certificates issued for all classes during the same period was 2,059.

A representative of the California Board of Medical Examiners attended a meeting of the Federation of State Medical Boards at the Palmer House in Chicago, February 10 and 11. The representative read a paper on Medical Licensure in California and also took part in a panel discussion of matters pertaining to licensure.

NEWS

"Rules On Use Of 'Physician' Term—The use of the term 'chiropractic physician' by the chiropractic profession in California is illegal, Attorney General Robert W. Kenny ruled today. In an opinion requested by the state board of chiropractic examiners, Kenny said the term 'physician' could not be used except by 'persons holding a valid certificate as a physician and surgeon issued by the Board of Medical Examiners or the Board of Osteopathic Examiners under appropriate sections of the Business and Professions Code.'" (Porterville, Calif., *Recorder*, November 18, 1946.)

"Dr. Housman Loses Appeal—Dr. Nathan S. Housman, one-time convict, lost another legal round yesterday in his attempt to force the State Board of Medical Examiners to restore his license to practice . . . Superior Judge Herbert C. Kaufman denied the doctor's application for a writ of mandate which sought to compel the board to reinstate him . . . Judge Kaufman found that Housman's record since his release from prison in 1942 has 'been negative in character' and said: 'The petitioner has not followed any occupation, either allied to his profession or otherwise; he presented no substantial evidence of rehabilitation. He has not fairly met the burden of proof cast upon him to establish that he is entitled to have his license reinstated.' . . . Doctor Housman was convicted in 1941 on charges of perjury and presentation of false evidence in a narcotic permit case . . . The doctor's attorney, Booth B. Goodman, said he was as yet undecided about an appeal. The board has twice turned down Housman's reinstatement plea." (San Francisco, Calif., *Examiner*, January 7, 1947.)

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CHARLEY HORSE NOT A MUSCLE CRAMP

A Charley horse, the bane of baseball players and other athletes, is not a muscle cramp, but an injury to a muscle, according to the November 30 issue of *The Journal of the American Medical Association*.

A Charley horse or muscle injury and a cramp are of entirely different pathologic origins, the article says, adding that massaging is not advisable for a Charley horse, but is advisable for a cramp.

In discussing treatment, the article gives this advice: "In the acute stage at the onset of a Charley horse the leg should be packed in ice about the injured area and held quiet for half an hour to an hour. In the acute stage

subsequently for about six weeks (a) the leg should be placed at rest in a cast or splint and kept quiet for ten days, the patient continuing to wear the cast for six weeks; (b) diathermy, long wave treatments, should be given daily; (c) heat or contrast baths should be given; gentle motion should be given every few days to prevent stiffness."

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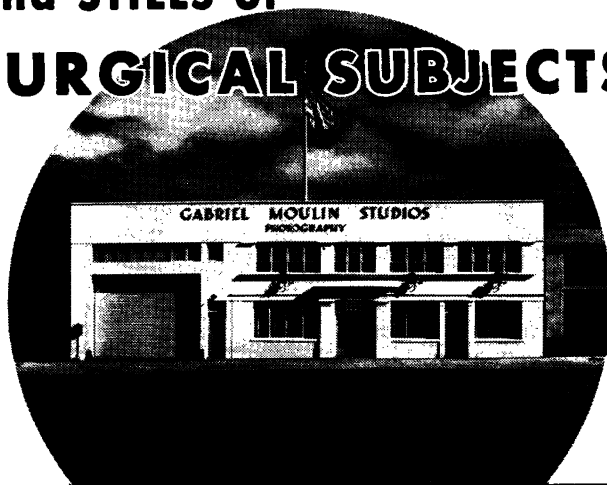
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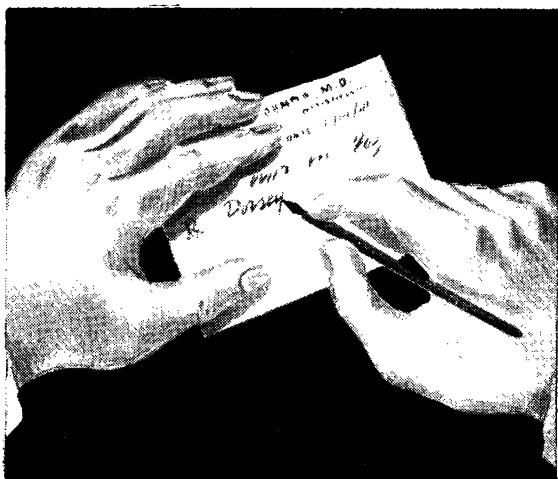
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DOCTOR CLAIMS THERE ARE TWO TYPES OF VENOUS THROMBOSIS

Venous thrombosis, a condition in which the blood clots in the veins, is of two types—thrombophlebitis and phlebothrombosis, according to Alton Ochsner, M.D., of New Orleans. He states that unless there is a differentiation between the two, treatment is "likely to continue to be unsatisfactory."

Writing in the December 7 issue of *The Journal of the American Medical Association*, Dr. Ochsner points out this difference: the blood clot in thrombophlebitis is the result of inflammatory changes and is firmly attached to the vein; the blood clot in phlebothrombosis is the result of tissue injury and can become detached easily from the vein wall.

Thrombophlebitis usually can be diagnosed easily from symptoms such as fever, pain and swelling. The patient's chances of recovery are good, but, if he does not receive effective treatment, complications such as swelling, pain, ulceration of the legs and infection may develop.

In contrast, patients with phlebothrombosis, although apparently not ill, are potential fatalities because of the danger that the clot will become detached and be carried by the blood stream to the lungs where it may act as a plug and cause death.

Phlebothrombosis is caused by two things—an increase in the ability of the blood to clot due to tissue injury and a slowing of the flow of blood as a result of the patient's being confined to bed or having a leg in a cast. Early detection of this condition is possible if the patient is examined for tenderness of the legs following any tissue damage such as an operation.

Dr. Ochsner states that "there is a definite relationship between venous thrombosis and the seasons." This has been pointed out by several other investigators. One of these found the greatest incidence of thrombosis from December to February. He believes that grippal infections are responsible for this difference.

Another group of investigators reported that in a series of 332 cases thrombosis was observed in 32.9 per cent in the winter, 21.9 per cent in the spring, 18.9 per cent in the summer and 20.3 per cent in the fall.

"It is my belief that the increased incidence of venous thrombosis during the winter months is due to the vaso-spastic [causing contraction of the blood vessels] influence of the cold weather," states the author. "This explains the difference between the incidence of venous thrombosis observed in the northern and in the southern clinics. My associates and I showed that the incidence of venous thrombosis in the northern clinics was almost double that in the southern clinics. The average incidence in the northern states was 0.74 per hundred thousand and population as contrasted with 0.41 in the southern states."

Several suggestions are made by Dr. Ochsner which, if followed, he believes should prevent the formation of clots in the veins. He says that patients should refrain from smoking for a period of from 10 to 14 days before an operation; overweight patients should reduce before undergoing surgery; any abnormal state of the blood, such as anemia, should be corrected. After the operation the author favors leg exercises and deep breathing to increase the circulation.

For the treatment of thrombophlebitis the author suggests the use of a local anesthetic, procaine hydrochloride. "The pain is relieved instantly, the temperature falls rapidly and the swelling subsides within a few days," he writes. "My experience has shown that the relief of pain is complete and permanent in 90 per cent of the patients,

(Continued on Page 54)

DOCTOR CLAIMS THERE ARE TWO TYPES OF VENOUS THROMBOSIS

(Continued from Page 50)

whereas in 10 per cent a second block [of the local involuntary nerve centers] is necessary to give permanent relief."

Dr. Ochsner recommends immediate surgery as soon as phlebothrombosis has been diagnosed. He does not favor widespread use of anticoagulants such as heparin and Dicumarol because, although they will prevent further clotting of the blood, they will not prevent the detachment of the clots already formed.

VITAMIN B COMPLEX FRACTION EFFECTIVE FOR TICK FEVER

A drug, belonging to the vitamin B complex group, has been found highly effective in the treatment of Rocky Mountain spotted fever, a tick-borne disease, which is often severe and sometimes fatal, according to four investigators writing in the December 14 issue of *The Journal of the American Medical Association*.

This study was made through the cooperation of the Delaware, Memorial, St. Francis and Wilmington General Hospitals of Wilmington, Del. The investigators are Lewis B. Flinn, M.D., John W. Howard, M.D., Charles W. Todd, Ph.D., and Elvyn G. Scott, M.T.

The authors cite the Delaware State Board of Health which reported that in the 10 year period from 1936 to

(Continued on Page 58)

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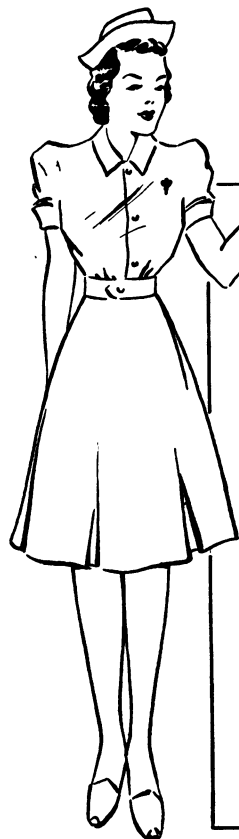
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Nero (37-68 A.D.).—Though Nero may have been public-spirited at the beginning of his reign, he soon gave way to unbridled excesses. His name stands out as the incarnation of wickedness and as a supreme example of the evils of alcoholism. He cruelly murdered members of his family, friend and foe alike. While Rome was ablaze, a conflagration of his own doing, it is said that Nero put on an actor's gown, mounted the stage in his own theatre and sang the "Burning of Troy."—Warner's *Calendar of Medical History*.

Alexander Pope (1688-1744).—From his mother, Pope inherited his sick headaches; from his father his crooked spine. He could hardly stand upright unless laced into a stiff canvas bodice, and he had to wear a kind of fur doublet, so sensitive was he to cold. Yet the "long disease, his life" spurred on rather than daunted his keen intellect. Though there is an undertone of acid bitterness in much of his work, it is less than one would expect from one so hopelessly invalidated.—Warner's *Calendar of Medical History*.

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VITAMIN B COMPLEX FRACTION EFFECTIVE FOR TICK FEVER

(Continued from Page 54)

1945, inclusive, they were notified of 50 cases of Rocky Mountain spotted fever. Of those 50 cases, 14 were fatal, a mortality of 28 per cent.

A group of 21 untreated patients studied in the Wilmington, Del., area from 1938 to 1946 had a death rate of 24 per cent. Fifteen of these patients were under 40 years of age; two died—a mortality of 13 per cent. The authors state that "it is evident, therefore, that in this particular area Rocky Mountain spotted fever is of a fairly severe type."

A series of 10 patients with this disease were treated with para-aminobenzoic acid. Nine of the patients under 40 "responded dramatically," according to the authors.

Comparing these nine treated patients with the 13 un-

treated patients of the previous series, all under 40 years of age, the authors state:

"The average number of days of fever in the untreated patients was 17.5, as compared to 10.5 for the patients given para-aminobenzoic acid. The untreated patients averaged 20 hospital days; those treated, 13 days. In the treated patients there was a decided clinical improvement 24 hours before the temperature started to drop. The temperature of patients given para-aminobenzoic acid dropped rapidly to normal within two to four days after treatment was begun, whereas in the untreated patients the temperature gradually came down to normal over a period of about 16 hospital days. Coincidental with the lowering of the temperature the rash rapidly faded, and the patient made a prompt clinical recovery."

The one patient in the treated series who died was 67 years of age and was found to have had a heart and kidney

(Continued on Page 60)

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VITAMIN B COMPLEX FRACTION EFFECTIVE FOR TICK FEVER

(Continued from Page 58)

disease. The authors point out that this case may serve to illustrate that "para-aminobenzoic acid retards or prevents the spread and proliferation of the rickettsias [bacteria-like parasites] in the body but is not an antidote for any toxin already released and does not repair damage already done. Therefore the beneficial effect of the medicament in late cases is unlikely."

INCREASED MEDICAL KNOWLEDGE HAS CHECKED PROBLEM OF BOILS

Increased knowledge and more effective treatment methods have helped medical science in its fight against boils.

William W. Bolton, M.D., of the Bureau of Health Education, American Medical Association, writing in the current issue of *Hygeia*, states that several conditions have been recognized as productive of boils. "Complicated investigations have shown that in some there is a slight variation from normal in the chemical reaction of the skin, in others excessive collections of secretion, forming a special culture bed for germs, and in still others a slight excess of sugar content in the skin cells, although such individuals are definitely not diabetic."

Among other general conditions found to be responsible for boils are anemia, a run down condition and excessive fatigue. The chronic diseases which may cause boils are nephritis, a disorder of one or both kidneys, tuberculosis and syphilis. It has been stated that a protein-poor diet occasionally may be responsible, or underactivity of the thyroid gland.

Normal skin harbors many germs, the majority of them being harmless. However, germs such as the staphylococcus group which cause boils may be present and cause trouble.

The author states that "invasion of the skin by these germs takes place often through almost invisible breaks. Also, the germs frequently start their trouble within the tiny openings of sweat glands or the special oil producing sebaceous glands. Because the latter are associated with hair follicles, boils are observed most commonly on hairy areas of the skin."

Three ironclad rules are generally followed in the treatment of boils "because there is now full surgical understanding of the way in which boils are fought by the body," states the author. The rules are: (1) never cut a boil too early, if it is to be cut at all; (2) never attempt to squeeze or press out the contents and, (3) if a cut is made, never cut widely.

Dr. Bolton points out that "in the average case all that is needed is a dressing protection. Frequently germ destroying ointments may be indicated, if for no other reason than to prevent spread of infection to adjacent portions of the skin."

In recent years the application of the three important germ-destroying drugs, the sulfonamides, penicillin and streptomycin, has proved effective in many cases of boils. "Another new treatment which has proved satisfactory in numerous instances is the application of x-rays," states the author. "This appears to be most beneficial if given early in the course of boil development, but when even a fully developed boil is x-rayed the cessation of activity is dramatically sudden. Extension halts, and the boil 'opens' almost at once."

NORMAL SKIN HARBORS MILLIONS OF GERMS WITH POWER TO HARM

A person's skin harbors millions of bacteria, some beneficial, others with power to produce infections at the first lowering of skin resistance, according to Donald M. Pillsbury, M.D., of Philadelphia.

Writing in the November 23 issue of *The Journal of the American Medical Association*, Dr. Pillsbury, from the Department of Dermatology and Syphilology, University of Pennsylvania Medical School, states that the "normal human skin harbors an enormous number of bacteria which are ordinarily harmless. . . . When the integrity of the human skin is disturbed, harmful bacteria readily become well established residents of the diseased area."

The Army Medical Corps placed skin infections high on its list of disabling diseases. "During the year 1944," states the author, "the number of hospital admissions be-

cause of diseases of the skin varied between 3,731 and 10,399 for each 100,000 troop strength in different theaters of operation. These figures do not include admissions to the sick list in field medical stations or dispensaries, in which the number of dermatologic patients varied between 15 and 60 per cent of the total.

"In troops in the United States, the average number of hospital admissions by reason of a cutaneous disease was 42 per thousand troop strength per year, while in overseas stations the average number was almost twice as great, or 80 per thousand troop strength per year."

Although Dr. Pillsbury feels that "certain striking advances in the treatment of cutaneous infection have been made during recent years," he points out that "a non-sensitizing and completely satisfactory method of treatment is not yet available."

Reviewing the present treatment methods, the author

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